Prescribing in Nevada

Changes to Nevada Laws Surrounding Prescribing Controlled Substances for the Treatment of Pain

Before prescribing a CS the practitioner must evaluate for the following where applicable:

- Whether the CS, if previously prescribed, is working as intended and as expected to treat the Patient's (pt's) symptoms;
- Whether there is reason to believe that the pt is not using the CS as prescribed or is diverting for use by another person;
- Whether the pt's PMP report indicates that the pt is using the CS inappropriately or is using other CS not prescribed and unbeknownst to the practitioner;
- Whether the pt has a history of substance abuse and whether there is reason to believe that the pt is currently misusing or is addicted to the CS;
- Whether there is reason to believe that the pt is using other drugs (including alcohol or illicit) that may interact negatively with the CS prescribed;
- The number of early refill attempts or number of times the pt claimed that the CS has been lost or stolen;
- Whether blood or urine tests indicate inappropriate use of the CS or the presence of unauthorized CS in the pt's system;
- Any major change in the pt's health that would affect the medical appropriateness of the CS.

Initial Prescription

Before writing an initial prescription for a CS, each practitioner must:

- Have a bona fide relationship with the pt;
- Establish a preliminary diagnosis and a treatment plan;
- Perform a *Patient Risk Assessment* (see below);
- Obtain and personally review the pt's PMP report;
- Discuss non-opioid treatment options with the pt;
- If the practitioner decides to write an initial prescription:
  - It must be for ≤ 14-day supply if treating acute pain;
  - It must not be for > 90 MME daily for an opiate naïve pt; AND
  - An *Informed Consent* (see below) must be completed by the pt.

Patient Risk Assessment

- Obtain and review the pt's medical history/records; and
- Conduct a physical examination of the patient and assess their mental health, their risk of abuse, dependence, and addiction.

Informed Consent

The practitioner must obtain informed written consent after discussing the following with the pt:

- The potential risks and benefits of using the CS;
- The proper use, storage, disposal of the CS;
- The treatment plan and possible alternative treatment options;
- Risk of CS exposure to a fetus of a childbearing age woman;
- If the CS is an opioid, the availability of an opioid antagonist; AND
- If the pt is an unemancipated minor, the risks that the minor will abuse, misuse, or divert the CS and ways to detect those issues.

Prescribing after 30 days

Continuation of CS for >30 consecutive days the practitioner and pt must enter into a *Prescription Medication Agreement*, which must include:

- Goals of the treatment;
- Pt's consent to drug testing when deemed necessary by the practitioner;
- A requirement that the pt take the CS as prescribed;
- A prohibition on sharing the CS with any other person;
- A requirement that the pt inform the practitioner,
  - Of any other CS prescribed or taken;
  - Of any alcohol, cannabinoid, or illicit drug use;
  - Treatment received for side effects or complications relating to the CS use;
  - Each state in which the pt previously resided or had a prescription for CS filled;
- Reasons the practitioner may change or discontinue the treatment.

Prescribing after 90 days

Continuation of CS for >90 consecutive days the practitioner must:

- Determine an evidence-based diagnosis for the pain;
- Complete a *Risk of Abuse Assessment* validated through peer-reviewed research;
- Discuss the treatment plan with the pt;
- Obtain and review the pt's PMP report every 90 days;
- If the pt has been prescribed a dose that exceeds 90 MME daily
  - Consider referring pt to a pain management specialist;
  - Develop a revised treatment plan (including an assessment of increased risk for adverse outcomes) and document in the pt's medical record

Prescribing after 365 days

A practitioner should not prescribe a CS to a patient who has already received 365 days' worth of that CS for a particular diagnosis in any given 365 day rolling period. Similarly, a practitioner should not prescribe more doses of a CS than the patient needs if he or she adheres to the practitioner's dosing instructions for the treatment period. In either scenario, the practitioner may choose to prescribe a larger quantity than the patient needs for the treatment period, so long as the practitioner documents his or her rational in the patient's medical record.